

## CLAIMS ONLY

MAY

APPLICATION NUMBER

101626,024

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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45						
46						
47						
48						
49						
50						
Total						
Dep						
Total						
Depend.						
Total						
Claims						

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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58						
59						
60						
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97						
98						
99						
100						
Total Indep		5				
Total Depend		88				
Total Claims		33				